ACTUAL WAGE INFORMATION SHEET - FOR H-1B NONIMMIGRANT EMPLOYEE

In compliance with the Immigration Act of 1990, employers are required to pay H-1B non-immigrants the higher of the prevailing wage and the **actual wage**. The actual wage is defined as the wage rate paid by the employer to all other individuals with similar experience and qualifications for the specific employment in question. Employers may take into consideration "objective standards relating to experience, qualifications, education, specific job responsibility and function, specialized knowledge, and other legitimate business factors" in establishing this actual wage rate.

Federal regulations require that employers maintain documentation in the H-1B nonimmigrant employee's file indicating how, based on these objective standards, the employee's wage rate was determined (a copy must also accompany the H-1B request submitted to International Researchers & Scholars Office, MS65). This documentation must be available to authorities of the U.S. Department of Labor in the case of a review of the employer's H-1B procedures.

Keep this completed form in the H-1B employee's departmental personnel file. You must include a <u>completed copy</u> of this form and any attachments to the "Request for H-1B (Temporary Employee) Status"

<u>IMPORTANT</u>: Hiring Division must complete information on the reverse of this sheet if, during the validity of the employee's H-1B status, there are any adjustments to the H-1B employee's wage rate <u>or</u> more generally to the wage rate of employees with the same payroll title (i.e. merit increase, cost of living increase, salary range adjustments, etc.). According to federal guidelines for H-1B status, in the event that the employer gives employees a raise, or if the compensation system provides for other adjustments in wages, H-1B employees must be given the raise, consistent with Berkeley Lab's legitimate established criteria.

The original of the updated form must be kept in the H-1B employee's personnel file. A copy of the updated form (both sides) must be sent to: International Researchers & Scholars Office, MS 65.

1.	H-1B Employee's Name				
		(FAMILY NAME)		(Other Names)	
	Employing Department/Division at LBNL				
	LBNL Title (including step)				
	Wages per YEAR	(100% rate)	Percentage time		
5.	If the payroll title used is Postdoctoral Researcher complete items 6a and 6b:				
	a. Give equivalent title and salary that does ap	pear on Postdoctora	al Fellow Salary Range	scales	
	b. Give explanation if salary does not match st	tep that appears on	posted rates:		
	. State objective standards used to set the H-1B employee's wage for this position				
١.	Attach a copy of the page from the applicable	Salary Administration	on Manual listing the j	ob title and salary.	
he	ereby certify that the information on this form is	correct and comple	ete		
Name		Signature		Date	
	[CHANGES IN H-1B EMPLOYEE'S WA	OF DATE MUCT DE	DECODDED ON THE	DEVEDSE OF THIS SHEET]	

<u>UP</u>	<u>DATE 1</u> :	EMPLOYEE'S WAGE RA	H-1B EMPLOYEE'S WAGE RATE AS A RESULT ATE. Keep the original in H-1B employee's Divise completed copy (both sides) to IRSO.	OF CHANGES IN Lab WAGE RATES AND/OR ion personnel file to comply with Department of	
1.	Effectiv	e date of changes in wag	e rate		
2.	State nature of changes in wage rate (e.g., merit increase in employee's payroll category, wage range adjustment)				
3.	LBNL Ti	itle (including step)			
4.	Wages	per YEAR	(100% rate) Percentag	e time	
5.	. Attach a copy of the page from the applicable Berkeley Lab Salary Scale listing the job title and salary. If the payroll title used is Postdoctoral Researcher give range that does appear in Postdoctoral Fellow Salary scales. Attach a copy of applicable page for this payroll title and salary level.				
6.	State criteria used to set the H-1B employee's adjusted wage for this position				
l h	ereby cer	tify that the information o	on this form is correct and complete		
Na	me		Signature	Signature Date	
<u>UP</u>	DATE 2	EMPLOYEE'S WAGE RA Labor guidelines. Send	a completed copy (both sides) to IRSO.	OF CHANGES IN Lab WAGE RATES AND/OR ion personnel file to comply with Department of	
1.	Effectiv	e date of changes in wag	e rate		
2.	2. State nature of changes in wage rate (e.g., merit increase in employee's payroll category, wage range adjustment)				
3.	LBNL Title (including step)				
4.	Wages	per YEAR	(100% rate) Percentag	e time	
5.	Attach a copy of the page from the applicable Berkeley Lab Salary Scale listing the job title and salary. If the payroll title used is Postdoctoral Researcher give range that does appear in Postdoctoral Fellow Salary scales. Attach a copy of applicable page for this payroll title and salary level.				
6.	State cr	riteria used to set the H-1	B employee's adjusted wage for this position		
	I hereby certify that the information on this form is correct and complete				
Na	me		Signature	Date	